



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 12:54 pm, Sep 22, 2014

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN <b>66004891</b>	NAME OF AGENCY <b>Sikeston DPS</b>	DATE OF INSPECTION <b>09/20/14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>201 S. Kings Highway, Sikeston</b>		TIME OF INSPECTION <b>1939</b>

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150)	<b>DK</b>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	<b>OK</b> DATE AND TIME (FROM PRINTOUT) <b>09/20/2014 1941</b>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST	<b>OK</b>
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)	<b>OK</b>
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>Guth Laboratories</b>	LOT # <b>13290</b> EXP. DATE <b>10-29-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <b>34.0°C</b>	SIMULATOR SN <b>SD 2245</b> EXP. DATE <b>05/07/2015</b>
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 <b>.099</b>	TEST 2 <b>.102</b>	TEST 3 <b>.099</b>
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☐ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <b>0</b>	0-.04 <b>1</b>	.05-.09 <b>0</b>	.10-.14 <b>3</b>	.15-.19 <b>0</b>	Over .19 <b>0</b>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

**Instrument is functioning within D.O.H. standards**

INSPECTING OFFICER

SIGNATURE <b>Franklin C. Adams</b>	PRINT FULL NAME <b>Franklin Adams</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240324 08-19-16</b>	TELEPHONE NUMBER <b>573 471-6200</b>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

SN 66-004891  
E735.23

09/20/2014  
19:42

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde

281 S KINGS HIGHWAY  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-004891  
09/20/2014

DIAGNOSTIC TEST 19:41

FROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

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INTOXILYZER® INSTRUMENT PRINTER CARD



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SN 66-004891  
 2785.23  
 INVALID TEST  
 INHIBITED - RFI

09/20/2014  
 19:46

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD

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CMI

201 C KINGSHIGHWAY  
 INTOXILYZER - ALCOHOL ANALYZER  
 LC MODEL 5000 SN 66-004891  
 09/20/2014

TEST	XBAC	TIME
AIR BLANK	.000	19:43
CAL. CHECK	.059	19:43
AIR BLANK	.000	19:43
CAL. CHECK	.102	19:44
AIR BLANK	.000	19:44
CAL. CHECK	.059	19:45
AIR BLANK	.000	19:45

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD

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STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**FRANKLIN C ADAMS**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOXILYZER 5000**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/19/2014

NUMBER 240324

EXPIRES 8/19/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	<b>INSTRUMENT OPERATOR CARD</b>
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
Operator ADAMS, FRANKLIN Permit No 240324 Date Issued 8/19/2014 Date Expires 8/19/2016	